

Cheerleading - 2017

Belcamp Recreation Council

REGISTRATION: Tuesday, September 27, 2016
Thursday, September 29, 2016
Thursday, October 6, 2016

Registration time: 7:00-8:00 p.m.

Location: Church Creek Elementary School
Recreation Room/Gymnasium

For: Ages 7-14

Fee: Returning cheerleader - \$65.00
New cheerleader, including purchase of full uniform - \$180

Uniform consists of shell w/lettering, skirt, briefs, bow, poms
No late orders on uniforms. Last registration is 10/6/16
Limited registration - 1st come, 1 served

**Coaches,
Assistant Coaches
and Volunteers
Needed!**

Please note that if we don't get
enough coaches to volunteer,
there will not be a cheer program
for that specific age group.



There will be no refunds after
registering for the program.

For Information call
Charrissa Stancell
At 443-528-8916 or
Email
charrissa@verizon.net



Practices held once or twice a week beginning
November with games in January, 2017
Practice times to be announced at registration.

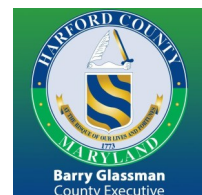


~~ See reverse for registration form ~~

Belcamp Recreation Council

Parks and Recreation Office
111 Glenville Road
Churchville, MD 21028

Phone: 410-638-3853
www.harfordcountymd.gov/225/Parks-Recreation



**Belcamp Recreation Council/Committee
REGISTRATION FORM**

Participant Name: _____

Address: _____

City/State/Zip: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell phone: _____ Email Address: _____

Participant Date of Birth: _____ Age Group: _____

School: _____ Male or Female (please circle)

Uniform Size Needed: _____ Played Before: Yes or No (please circle)

In case of emergency, please notify:

Name: _____ Phone: _____

Any physical conditions or allergies: _____

Registration Fee: \$ _____ Ck# _____ Cash _____

Please pay by check whenever possible
Make checks payable to Belcamp Recreation Council

RELEASE OF LIABILITY

I do hereby expressly agree to release Harford County, Maryland, a body corporate and politic of the State of Maryland, and its elected and appointed officials, agents, officers, and employees, from all liability arising from any harm or injury, including death, sustained by me while participating in this program. I understand that there is an inherent risk involved in any program. I certify, by my signature, that I understand this and agree. I also certify that my child is physically capable of participating. I will make the instructors aware of any allergies and/or medical problems. By my signature I acknowledge my understanding of the Concussion Information, SB771/HB858, which requires that all parents/guardians and athletes be made aware of the dangers a concussion may have on an athlete. This can be found at the Center for Disease Control, www.cdc.gov/headsup/youthsports/index.html. Also the Sudden Cardiac Arrest, HB 427, which requires that all parents and athletes be made aware of the dangers that sudden cardiac arrest may have on an athlete, found at www.nhlbi.nih.gov/health/health-topics/topics/scda. Further information on both can be found by calling 1-800-232-4636.

Parent/Guardian Signature: _____